

EXHIBIT 4
DATE 2/11/09
HB 309

**HB 309: PUBLIC HEALTH NURSING SERVICE
FOR FOSTER CHILDREN**



February 10, 2009

RE:
HB-309

Dear Chairman Sesso and Members of the Appropriations Committee,

My name is Courtney Callaghan and I am speaking in support of HB – 309. I am an employee of the State of Montana but I am speaking favorably of HB – 309 as a private citizen.

Over the course of the last two years I have witnessed a number of the positive aspects that derive from the EPSDT program and the Follow the Child Nurse (FTC), all of which are consistently advantageous to the Children and Foster Families in Missoula County.

I recently had the opportunity to work directly with the FTC Nurse on a very complex case in which a toddler had significant and life threatening medical needs. With out the FTC Nurse, placement, permanency, and medical decisions may have been made with out proper education and understanding of the child's condition. The FTC Nurse was able to assist the professional team as a medical liaison helping the group to better understand medical terminology, possible diagnosis, and the risk and benefit of medical procedures. With out the significant contribution of the FTC Nurse the decisions made by the professional team may not have been in the best interest of the child. Furthermore, foster care placement of children with high medical need is always a challenge. The FTC Nurse was able to support the foster care provider through every step of the tedious care required for this particular child. With out the FTC Nurse, retention of such an irreplaceable foster parent may not have been possible.

Throughout my interaction with the FTC Nurse it has become evident that Montana's children would benefit significantly from the EPSDT program and the FTC Nurse. I am particularly appreciative of the time, effort and overall dedication exhibited by the FTC Nurse. I believe that I am privileged to have had the opportunity to work along side such a valued professional.

Chairman Sesso, and Members of the Appropriations Committee thank you for your time and amiable consideration of HB-309.

Respectfully,


Courtney A. Callaghan

RE: HB309

Mister Chairman, members of the Appropriations committee.

I am Dr Dan Combo. On behalf of the Missoula City –County Health Department, I urge Your consideration of HB 309- Public Health Nursing Service for Foster Children.

I am a retired pediatrician and a native of Butte. I have practiced pediatric medicine in Missoula for 35 years and did locum tenens work at the Community Health Center in Butte for 5 years.

I am a Fellow of the American Academy of Pediatrics (AAP) and for the past 4 years I have been the Pediatric advisor to the Missoula Follow The Child project which provides Public Health Nurse case management to foster children. This project has been Federally funded by the Healthy Tomorrow Partnership For Children (HTPC) and administered by the AAP.

One project goal is to integrate all Missoula County Foster Children into existing Public Health Systems of preventive care and work with local health care providers to obtain the best health care possible and develop a system to collect health information that will Follow the Child.

As a member of the AAP, it is my firm belief that every child should have a medical Home. This is even more important for children in foster care. Much of the information I will present today comes from statements made by the AAP regarding health care of children in foster care and from testimony by Dr. David Rubin presented to the U.S. House Ways and Means Subcommittee on the Income Security and Family Support hearing in 2007.

Approximately 500,000 children are in foster care on any given day in the United

States. In October of 2008 there were 1426 children in Montana living in foster care facilities. Although it is designed to be a temporary placement, many children are in foster care for several years and often change placements several times.

As you might expect, many of these children are placed in foster care due to neglect and abuse and come from families that have minimal resources to deal with poverty , mental illness or homelessness.

Compared with children from the same socioeconomic background, children entering foster care have much higher rates of serious emotional and behavioral problems, chronic physical disabilities, birth defects, developmental delays, and poor school achievement. In Missoula County, we now know that from 2005 to 2008 the number of Foster children with asthma ranged from 10% to 14%. We also know that 44% of the foster children in 2008 had an IEP- Individual Education Plan in school, this means they needed additional intervention in the school system in order to achieve learning at their grade level.

Information about the health care services children have received prior to placement is often difficult to obtain. Increasingly complicated physical and mental health conditions of foster children makes taking care of the child difficult, even for the committed physician.

Because children in foster care have such a high prevalence of chronic and complex illnesses, assessing each child's unique needs is critical. Establishing continuity of care and ensuring a comprehensive and coordinated treatment approach by all professionals involved in their care should be one of the highest priorities for child welfare agencies.

Several decades of research have firmly established that the health care needs of children in out-of-home care far exceeds other children living in poverty. Many of these needs are long standing. In 2005, the Northwest Foster Care Alumni Study reviewed the mental health diagnoses of foster care alumni and found they were significantly more likely than the general population to experience mental illness. In that study, foster care alumni were six times more likely to suffer post-traumatic stress disorder, four times more likely to turn to substance abuse, twice as likely to experience depression, and more than two and a half times more likely to be diagnosed with an anxiety disorder.

In summary, as a pediatrician and member of Follow The Child Public Health Nursing Foster Child Advisory Committee for these 4 years, I am able to honestly say that the importance of the Public Health Nurse to secure and ensure a Medical Home for these children is crucial to their well being and health. The Public Health Nurse keeps the health information accurate, up to date, and available to foster parents and Social Workers involved with these children. Having a Public Health Nurse involved in securing this information and providing appropriate assessments and screening of children, has allowed pediatricians like myself and other health care providers to be current and informed in the treatment plans for each child. Every foster child needs and deserves this care.

I urge your favorable consideration of HB 309.



February 11, 2009

Honorable Jon Sesso, Chairman
House Appropriations Committee
Montana House of Representatives
P.O. Box 200400
Helena, MT 59620-0400

RE: HB 309 – Public Health Nursing Pilot for Foster Children

Dear Chairman Sesso and Members of the House Appropriations Committee:

Missoula City-County Health Department has been the recipient of a federal HRSA grant for the last 5 years for the foster care public health nurse program titled, "Follow the Child". This program has made a difference in over 100 children's lives! These children meet the true definition of 'children with special health care needs'.

The goals and objective of the program are common to both Child and Family Services (CFS) and Public Health Nursing, health and welfare of children in foster care. Interventions are implemented through close collaboration and cooperation with the multidisciplinary interdepartmental team in Missoula County. The program has established a process through which a PHN consults and collaborates with CFS to promote access to comprehensive preventive health and specialty services for these vulnerable children. Public health nurses provide the expertise in meeting the medical, dental, mental, and developmental needs of the children and youth in foster care.

Working together has been the cornerstone of "Follow the Child". This collaborative effort recognizes the expertise of CFS to address the child's welfare and protection of children who are abandoned, neglected or abused and specifically to respond to reports of child abuse or neglect and to provide protective services when necessary, including the authority to take temporary or permanent legal custody of a child when ordered to do so by the court. PHNs then provide the following services in consultation and collaboration with social workers: medical and health care case planning; help foster caregivers to obtain timely health assessments and dental exams; expedite referrals for medical, dental, developmental, and mental health services; provide medical education through

interpretation of medical reports and training for foster team members on the special health care needs of children in foster care; and they help to create a record for youth to take with them when they age out of the system.

We have been able to prevent these children from falling through the cracks of health care because PHNs know how to navigate the health care system to enable foster children to access care. We believe all foster children should be able to have this accessibility but recognize that due to our current fiscal climate a pilot in 4 different counties in 4 regions of the state is a way to demonstrate this program can be reproduced in other counties for the benefit of these children. We chose the 4 counties, Missoula, Yellowstone, Cascade and Roosevelt, based on their ability to produce the program, numbers of foster kids in these counties and their location.

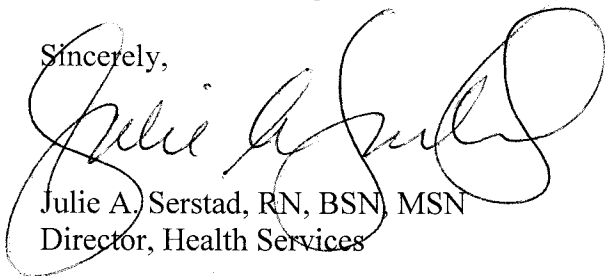
We recognize that counties should take some of the fiscal responsibility to provide the program. We calculated the \$500. per child based on salary and fringe for one PHN and the average amount of time required to work with each child. Some children have more complicated health problems than others. Counties will be responsible for the match in, in kind funds, indirect, and what is able to be billed through targeted case management because these are children with special health care needs.

In the State of Montana, Statewide Assessment 2008 submitted by the Child and Family Services Division, the "Follow the Child" program is mentioned four different times as a *promising practice, model approach to health services for foster children, recommended by stakeholders to be implemented statewide, if possible*, to the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services.

Our program is not unique to Montana, but one that is also present in Utah, Washington, North Carolina, California, and several other states throughout the nation.

Missoula City-County Health Department urges your favorable support of HB 309 – Public Health Nursing for foster care children.

Sincerely,



Julie A. Serstad, RN, BSN, MSN
Director, Health Services

February 6, 2009

To Whom it Concerns;

Roosevelt County having the highest rate of foster children in the state of Montana, I feel that these children have the right to excellent and consistent health care. I am the Director of the Roosevelt County Health Department and would like my support shown for HB309.

All children deserve a chance in this world; and I believe this House bill will give them the opportunity.

Thank You,

Bonnie Wemmer, RN
Program Director
Roosevelt County Public Health
Wolf Point, Montana, 59201
406-653-6227

2835 Fort Missoula Rd, #205
Missoula, MT 59804
February 9, 2009

Chairman Jon Sesso and Members of the House Appropriations committee
Montana House of Representatives
P.O. Box 200400
Helena, MT 59620-0400

HB 309
Public Health Nursing Service for Foster Children

Dear Chairman Sesso and members of the Appropriations Committee,

As a pediatrician in Missoula, I urge your favorable consideration of HB 309 – Public Health Nursing Service for Foster Children.

For the past 5 years, foster children in Missoula have been visited by a Public Health Nurse on a standard schedule recommended by the Academy of Pediatrics. In the past, foster children had very little, if any, health information following them through the foster care system. Very few foster parents had health information to share with the pediatrician and immunization records were often incomplete.

Public Health Nursing intervention has changed this dilemma. The Public Health Nurse participation in the health care of each foster child, providing pertinent health information and up to date immunization records, assists me in making medical decisions. Public Health Nurse intervention has improved the timeliness of return visits to me for follow up and saved money by preventing the repetition of vaccinations already given.

In summary, I urge you as the care taker of our most vulnerable population to support HB 309 – Public Health Nursing Service for Foster Children

Sincerely,

A handwritten signature in cursive script, appearing to read "Vicki Soloniuk", followed by a small circular mark.

Vicki Soloniuk, MD
Missoula Valley Pediatrics
Missoula, MT



February 11, 2009

RE: HB-309

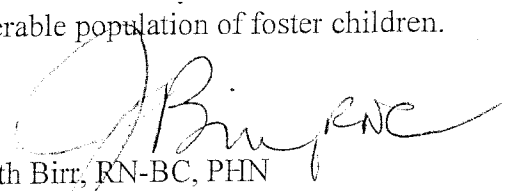
Chairman Sesso and Members of the Appropriations Committee,

I am speaking today in favor of HB-309. My name is Judith Birr. I am a Public Health Nurse with the Missoula Health Department. For the past 5 years I have been the home visiting nurse for the Follow-the-Child program serving foster children, foster parents, and Department of Child and Family Services (DCFS) caseworkers to ensure the health needs of foster children in Missoula County are met. By collaborating with members of the medical and dental community, the early intervention resources, the schools, the placing agency and kin or foster parents, we have made providing for and documenting the complex medical needs of this vulnerable population a working reality.

Today, I would like to share one example of the work I do. Several years ago a teen mother was placed in foster care in Missoula shortly after delivering a baby in another state. I met with the teen and her group home staff to schedule her initial appointment with a new medical home in Missoula. I took a health history and although she described her recent pregnancy as without any problems and denied allergies, she was unable to remember the name of the obstetrician she saw intermittently during the pregnancy. She WAS able to tell me the town where she delivered. Because I routinely gather a complete immunization history, I also asked about any recent vaccinations and she remembered getting a shot while she was pregnant. At this point I am assuming she is remembering a Tetanus booster or a flu shot and decided to get the complete history of the OB visits. Through some detective work, I was able to locate the obstetrician she had seen and get the records, all 30 plus pages of them. While reading through the record I found "the shot" she had gotten 27 weeks into her pregnancy and again after delivery. It was RhoGAM. This treatment is given to mothers who are Rh- Negative to avoid the complications of incompatibility between mom's and baby's blood. This is NOT a routine vaccination. The teen mother did not understand this important part of her own medical history and the consequences it could have for future pregnancies. Additionally, I am convinced that even had a DCFS case worker found the name of the past provider and gotten the medical record, they would not have found the notation of the RhoGAM injection buried in the record or probably known the significance of that note. That record likely would not have been made available to the new doctor seeing this teen. There was opportunity for me on other home visits to do significant teaching with the foster child herself about medical information which will impact her future. The new medical provider was given a more complete history of a child new to his care. There was a need for a Tetanus booster and additional immunizations were discussed and recommended for both the teen and her infant. This

girl had significant dental caries as well and I was able to refer her to a dental provider who accepts Medicaid and could see her quickly. A copy of the medical summary listing her current and past medical providers, her allergy, her Rh- Negative status and immunization history is available to the DCFS caseworker, to the teen as well as any future foster placements and is updated at regular intervals so the record will be complete and accessible to her when she ages out of the foster care system.

Thank you for your attention. Please give favorable consideration to HB-309. It works to meet the medical needs of a mobile and vulnerable population of foster children.



Judith Birr, RN-BC, PHN
Missoula Health Department
Follow-the-Child Program

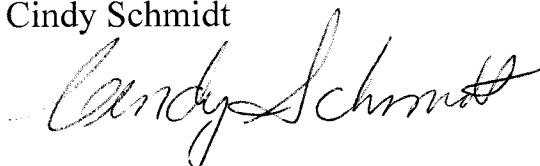
Dear Chairman Sesso and members of the Appropriations Committee,

I urge your favorable consideration of HB309. My husband and I have been foster parents with the State of Montana for the past 13 years. The first 8 years there was not a program in place like Follow The Child. All children in foster care are considered special needs just because of the reasons they were removed from their families. Some children are extremely high needs. We have had a little girl for 20 months who has such a rare disease the best doctors can't give her a diagnosis. The services we have received through Follow the Child have been absolutely invaluable. My daughter's team of providers consists of between 20-25 people. Our nurse helps keep everyone connected and on top of our child's needs. When she first came to us no-one knew how involved she was. Our nurse helped us recognize that she was having more than 50 myo-clonic seizures every day. We recognized the big seizures, but not the little ones. She came to some of our appointments, and kept track of all the medical records. For about a year, the team met monthly, and the nurse was the one who let everyone know what the latest testing had been, or what testing or procedures were coming up. As a foster parent, the most important part to me were the weekly check-in phone calls we had. I would tell her everything that happened in the week, and she would help me sort it out. Sometimes I wasn't happy with something a doctor did or said, and she was able to help explain to me where they may have been coming from. Even though I keep records of my own, our nurse's records were much more thorough. Sometimes when something was happening, she would look back in her records and see that we had been through this before. It helped for her to put the big picture into perspective. Our daughter is on at least four seizure medications daily, and these have changed multiple times. Our nurse was able to tell us what side effects to watch for, and what to talk to the doctor about.

The intensity of this case has settled down some, our daughter will live with us until she's 18, and all of the medical testing is done. The monthly team meetings have stopped, as have the weekly calls, but as long as she is a foster child, we will need Follow the Child to some extent. Our daughter will always be extremely high needs, but I feel the tools our nurse has provided us for 20 months have helped us to handle the tough life ahead.

I honestly believe that the rest of the State would benefit from the Follow the Child program, and I thank you for hearing my story.

Sincerely,
Cindy Schmidt

A handwritten signature in cursive script that reads "Cindy Schmidt". The signature is written in dark ink and is positioned below the typed name.

Re:HB 309

Dear Chairman Sesso and members of the Appropriations Committee,

My name is Sara Deaton and I am writing in support of HB 309. Our family is just one example of the fact that foster children are very mobile, not only in Montana, but nation wide. My husband and I became foster parents a little over 2 years ago. Shortly after our now adopted son came into our home as a foster child. He was born in California, had a foster placement in Idaho when he was one, and was in another foster home in Missoula before he came to us at age 2. He had hearing and vision issues and wore thick glasses. The day he arrived in our home we were informed he was scheduled for eye surgery just two weeks later. Along with him came a list of appointments and providers; Speech Therapy and Occupational Therapy, among others. As brand new foster parents this was a whirlwind. We knew that getting his medical care in place fast was important. Since he was already under the Follow the Child program, our health nurse had immunizations and all of his medical records in place. Just as valuable, we had someone that knew our son in his last placement and could see growth and changes in him. She was able to guide us in his feeding issues, track his growth, and answer any and all questions. Later, after his first set of ear tubes were put in to try to resolve his hearing loss, we did not see a change in his hearing. During a home visit, our nurse was able to check his ears. One tube was not in place correctly and we were able to make an appointment right away with his doctor. The Follow the Child program has been valuable in so many ways to our family. We know this program works.

Foster/Adoptive Parents
Sara and Corey Deaton
Missoula, Montana

Dear Chairman Sesso and Members of the Appropriations Committee,

My name is Kari Frakie. I am from Missoula. Thank you for the opportunity to address all of you regarding a most important issue. I strongly urge you to favorably consider HB 309.

My first introduction to the Follow the Child program was three and a half years ago when I became Foster Mom to a three month old little girl grievously injured by severe shaking. I had known about and had cared for other children with Shaken Baby Syndrome but never on a 24/7 basis. Unfortunately, the damage done to my child from the non-accidental brain injuries she suffered has left her with cortical visual impairment, the inability to stand or walk independently or to eat or speak. Fortunately her injuries did not kill her but they did rob her of a healthy, normal childhood and have left her to face a lifetime of developmental and physical disabilities and hardships.

Having a child with multiple problems involves the coordination of multiple therapies, multiple providers, multiple appointments and multiple challenges (some expected, some not). Truth be told, I am not all together certain that I could have managed without the help, compassion, support and friendship of my Follow the Child nurse. She was there to help take some of the load off my shoulders. She helped me coordinate all these peripheral necessities so important in the development of my child, thus freeing me up to care for my child, to follow through with therapy goals, and, most importantly, to offer the "mothering" so necessary to the successful development of any child, disabled or not. Over the next three plus years the program has been a "constant" in our lives. Whereas--- great as they all are--- our social workers would come and go, our Follow the Child nurse was always there---present through every transition, consistent and persistent in her help and kindness and friendship, and a great blessing in what can be a stressful, overwhelming and lonely life. I can say without a doubt that my life and that of my child are better off because of Follow the Child.

Please, with your favorable consideration, allow the Follow the Child program to continue uninterrupted in its important mission to do just that...follow each child on his or her journey to a successful and fulfilling life. Please remember this little face when you consider HB 309 and vote in favor of its continuation.

Thank you so much,

Kari Frakie

A handwritten signature in cursive script that reads "Kari Frakie". The signature is written in dark ink and is positioned below the printed name.



Chairman Jon Sesso and members of the House Appropriation committee
Montana House of representatives
P.o. Box 200400
Helena, MT 59620-0400

RE: HB 309

I'm Carol Regel, a Public Health Nurse and Coordinator of the Follow The Child Project with Missoula City-County Health Department (MCCHD). MCCHD began Follow the Child collaborative with Child and Family Services in 2004 with a 5 year federal HRSA grant.

Collaboration consisting of a Public Health Nurse and caseworkers from Child and Family Service is a new concept in Montana but this concept of providing care to foster children has been demonstrated in other states to be an effective partnership in assuring optimum health care for foster children.

Recognizing that children living in an environment of neglect and abuse were not magically transformed into healthy children when placed in the care of a nurturing family or youth home, Missoula Public Health Department became involved in seeking financial support to demonstrate Public Health Nurses had a role in the continuing care of at-risk children being placed in out-of-home care.

Before this collaborative existed, at-risk children were entering the foster care system with complex health issues and no opportunity for Public Health Nurses to cross over into the child welfare system. Foster placements and Child and Family caseworkers were caring for fragile, vulnerable children and caseworkers had limited understanding of the health problems and limited knowledge of how to navigate the health care system. This created a great deal of frustration, guess work, and problems for the caseworker and foster parent... Placement changes of the child within the foster care system led to further inconsistent and incomplete health care since there was not a standardized model for information to follow a child.

The role of the Public Health Nurse is to identify and assure the health care of individuals, families and communities. Having said this, I would like to point out that it can be difficult to intersect with other service providers in a community. This may be due to many factors, one of which includes difficulty in defining roles when serving the same populations. Because Public Health Nurses are adept at working in a multidisciplinary team approach when working with families and service providers, the local partnership between Public Health and Child and Family Service caseworkers has been very successful.

Using the Public Health Nurse Intervention Model for health care of foster children, each of the 4 pilot counties, Missoula, Cascade, Yellowstone, and Roosevelt, has the capacity to provide case management to at-risk children in foster care. The nurse's ability to meet the health care needs of this vulnerable population depends on their ability to function in their case management role within their communities. These 4 counties have proven their ability to provide a case management approach to health care through other Public Health Home Visiting programs.

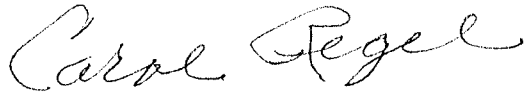
Together, Public Health and Child and Family Service have entered into a systems change to ensure improvement in the well being of foster children.

I leave you with the challenge "how can we assure a healthier life for our foster children if we are not providing that child the best care possible?"

I urge you to support HB 309 Public Health Nurse Service for foster children.

Thank You very much for the opportunity to testify today.

Best Regards,

A handwritten signature in cursive script that reads "Carol Regel". The signature is written in dark ink and is positioned above the printed name and title.

Carol Regel R.N. BSN

Public Health Nurse

Missoula City-County Health Department

DATE: February 11, 2009
TO: State of Montana House of Representatives Appropriations Committee
FROM: Mariah Hill
RE: House Bill 309

Dear Chairman Sesso and members of the Appropriations Committee,

My name is Mariah Hill. I am a state employee who works with foster and adoptive families, though I am here today as a private citizen using my personal time to speak in support of House Bill 309. The Follow the Child program is in a vital service provided to foster kids and families in Missoula County. House Bill 309 would make this program available in every county throughout the state.

When a child is first placed with a foster family, the family often knows little to nothing about that child. The foster parent's plate is full to overflowing during those first days and weeks, as they are trying to build trust with the child, figure out if he has any allergies, get him caught up on medical and dental care, ease him into their family rules and routines, meet the child's teacher, speech therapist, counselor, and case manager—essentially all at once. Among the questions a foster parent needs to address most immediately are: Does this child take any medications? Who is this child's doctor? Does this child need immunizations? What is this child's health history? Are there any symptoms I should watch for?

I often have new foster parents ask me which doctors and dentists accept Medicaid. Instead of having to call office after office and be turned away, these parents are referred to public health nurse Judith Birr with the Follow the Child program. Judith gives them an up-to-date list of local providers who accept Medicaid. Foster parents really appreciate the time and energy this saves them. After all, parenting foster kids is hard work—we ought to do whatever we can to reduce the unnecessary hassles that foster families face.

Being able to refer a new foster family to a public health nurse who exclusively follows children through their various placements is key to keeping our kids in foster care healthy, and our foster parents well-supported and well-informed. That the public health nurse is able to visit the child and foster parent in the home is especially helpful.

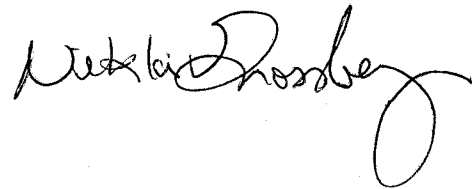
One foster mom told me that after a baby was placed with her last fall, Judith was the only person who could explain his medical history in detail, starting with complications at his birth. This foster parent appreciated that Judith cared about "the whole child," and was willing to talk about everything from the baby's congenital heart condition to current feeding concerns to how he was bonding with his new family. Judith also provided the foster family with contact information for all of the child's current and previous doctors. This foster mom noted, "It's terrible what you don't know and how that could be of great detriment to a child. This program has been excellent. When the public health nurse calls, I feel like a friend's calling. She really cares."

For those of you on the committee who are parents, you know how unnerving it is when your child wakes up with a fever or comes home with a bad cough. Now imagine being responsible for the care of a child who you don't know anything about. Foster parents need the continuity, the knowledge and the availability that a visiting nurse provides—especially when that nurse has been one of the only constants in a child's life.

Thank you for your time and favorable consideration of House Bill 309.

Dear Chairman Sesso and Members of the Appropriations Committee,

My name is Nikki Grossberg and I am speaking today in favor of HB-309. The program titled, "Follow the Child", made a significant difference in my ability to understand the complicated medical needs of a three-month old child that had suffered Shaken Baby Syndrome. This child required a feeding tube, in addition to multiple interventions such as physical therapy, speech therapy, and dietician oversight due to feeding tube. "Follow the Child" was able to coordinate medical and therapeutic specialists in the community to meet the needs of this child, while supporting the foster parent. The consistent follow up with the child and foster parent has aided in helping the child develop as much as possible though she has extensive brain damage from the abuse. "Follow the Child" is by far one of the best programs I have worked with in meeting the needs of children in foster care. Thank you for taking the time to listen to my comments and for your favorable consideration of HB-309

A handwritten signature in black ink, reading "Nikki Grossberg". The signature is fluid and cursive, with a large loop at the end of the last name.

Chairman Sesso and members of the Appropriations Committee
Montana State Capitol
Helena, Montana 59604

Tuesday February 10th, 2009

RE: HB-309

Dear Chairman Sesso and members of the Appropriations Committee,

My name is Jennifer S. Murrillo, and I am writing today in favor of HB-309. I respectfully request that you approve HB-309 due to the importance to children aging-out of the foster care system, or in lay terms, leaving foster care custody on or after their 18th birthday. As fresh faced young adults, our fellow Montanan's need to enter adulthood, just as your children and my children do, fully outfitted with their immunizations, health history, and an informed plan to sufficiently access medical care. At the very least, they must have their up to date immunizations and a chance to discuss with a nurse a plan to access healthcare after they exit the system and no longer have access to Medicaid.

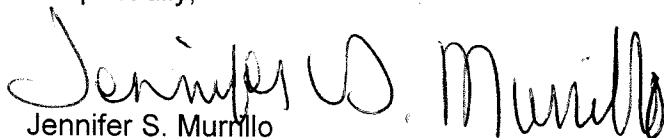
In Montana, we recognize the need for all people to have accurate health information to best meet our medical needs, which we all know enhances our prospects of successfully maintaining ourselves in the work force, pursuing our post secondary training or post high school trades, and contributing to our own Montana communities. While the cost to Montanan's for HB-309 is minimal at best, when compared to other Bills, HB-309 provides the opportunity to make a significant impact on the lives of young people who are entering legal adulthood.

Young people who do not have their up to date immunizations and health history are significantly more likely to incur medical debt that would otherwise have been unnecessary, just to determine the nature and treatment of their health problems. That factor can, in and of itself, increase the problem of unpaid emergency room visits, bad credit ratings, and a drain on the healthcare system. When people lack their immunizations, health history, and plans to obtain medical care, they may meet with multiple physicians, visit emergency rooms, and be prescribed medications for which they would otherwise not need.

When young people enter adulthood directly from exiting the foster care custody system, they often face multiple challenges due to their histories of abuse and neglect. Let us not add to their struggles to build a successful quality of life and make Montana an even more wonderful place to call home. As a proud and conscientious Montana registered voter, I implore you to approve HB-309 and help our young people increase their odds of successfully navigating early adulthood. As a Montanan who is invested in the quality of life for my fellow citizens, I urge you to approve HB-309.

In conclusion, I thank you, Chairman Sesso and the Appropriations Committee, for your favorable consideration of HB-309.

Respectfully,



Jennifer S. Murrillo
Missoula, Montana

Dear Chairman Sesso and members of the appropriations committee,

My name is Meredith Mehne. I am a Child Protection Specialist for the State of Montana-Missoula County. I am here as a private citizen. I am speaking today in favor of HB-309.

Today, I would like to describe how the Follow the Child Program positively impacted the life of a six year old boy. There were allegations of emotional and physical abuse by the mother. His birth mother denied these allegations and refused to provide us with any information on the child. We did not have adequate records to meet this boy's needs. As we investigated the report, we discovered a long history of CPS involvement from around the state. Most of the reports were unsubstantiated, because on their own, the allegations could be excused as accidents or temporary moments of parental stress.

A referral was made to Follow the Child as part of standard procedure. Our nurse in Missoula County, Judith Birr, did extensive research. As Judith collected more and more records from around the state, we noticed patterns of physical abuse and neglect. During this time, the child was acting out in school. He had some type of cognitive disability that caused frustration in class. He was harming himself by twisting his own arms and legs. He would take off all his clothes and try to strangle himself with the elastic from his underwear. He would take sharp objects, like pencils, and threaten his teacher and his classmates. We worked closely with the school to try and figure out how to reach this little six year old boy. Judith continued to search for medical information. He had received numerous broken bones. Each explained away by his mother as accidents. We were able to ask the child about these injuries. He described horrific accounts of physical, emotional, and sexual abuse. Most of the physical injuries were being acted out in the school setting. Judith worked closely with me. She explained the medical records and helped me piece them together. Without the medical information provided by Follow the Child, it is unlikely that we would have been able to find the factual evidence needed by the legal system. With this information, we were able to terminate the mother's parental rights.

The benefits of Follow the Child did not stop there. We now had to make sure this little boy received appropriate care and an appropriate diagnosis. His treatment providers were at a loss. We could not reach him. As the school and I struggled through daily violent outbursts, Judith continued to help. She helped me choose appropriate providers, such as a dentist and a pediatrician. She helped his foster parents set up appointments and she met with them regularly to add to his medical record. He had his hearing and his eyes checked. Judith helped make sure his immunizations were up to date also.

Because this little boy had such difficult behaviors, the foster placement broke down. We were able to secure a placement in a treatment facility in Texas. I sent the extensive medical information collected by Judith to the facility. He received a comprehensive exam. From this exam, we discovered that this little boy had a Traumatic Brain Injury. His treatment providers were now able to design an education program that met his

needs. Without Judith Birr's information, we may never have figured out how to communicate with him effectively and we would not have been able to meet his educational needs.

This little boy is now 10 years old. He is living with an adoptive family. The road is still rocky for this little one, but without the Follow the Child Program and Judith Birr's dedication, we would have been unable to determine the correct treatment he desperately needed. Thank you for your favorable consideration of HB-309.

A handwritten signature in cursive script, appearing to read "Meredith Mehne", followed by a long horizontal flourish.

Meredith Mehne
Missoula, Montana

Dear Chairman Sesso and members of the Appropriations Committee,

My name is Jeanne Rasmussen. I am a state employee and am here as a private citizen, on my own time, to speak in favor of HB-309.

I believe that child protection specialists make every effort to meet the physical health and dental needs of children in foster care. There are a variety of reasons why documentation may be lacking.

1. We sometimes depend on the foster parents to keep track of the medical & dental appts and to provide updates. Some foster parents may not follow-through or are unaware of all the requirements. Miscommunication occurs and documentation is lost.
2. Obtaining medical records can be difficult. Sometimes providers may not respond to written requests from our Department. Ultimately, we would need to follow-up on these requests, however, these are often forgotten or fall through the cracks.
3. Releases of information are sometimes required from birth parents to obtain medical records. A delay in our obtaining the releases has us waiting for court orders – which again require our follow-up (sometime months later).
4. Many child protection specialists request the medical/dental information and simply put it in the paper file. If CAPS screens are not completed, data cannot be pulled electronically.

The "Follow the Child" program has helped the Missoula child protection specialists get this medical information in to our CAPS database system. Once we developed a process for Follow the Child to contact the foster parents and obtain the medical information, we were able to have the secretary working with Follow the Child directly input the information in to CAPS and scan the health histories to the child's electronic file. This allowed the needed information to automatically populate areas on our Foster Care Review printouts that we produce out of our CAPS system. Previous to Follow the Child, these electronic printouts in Missoula were often printed up with little or no medical information on them. This was a problem area, both for Foster care review and for documentation we needed to meet Child & Family Services Review goals and requirements. FTC has helped a great deal with meeting our reporting requirements in the child's medical history area.

Follow the Child has also helped tremendously with providing "emergency" information, such as allergies or special medication needs, being immediately attached to the paper file & the electronic file, to alert all workers involved with the case to be aware of this very important medical information, especially if there happens to be a caseworker change due to a vacancy or illness.

In May 2008, Child & Family Services conducted a Statewide Assessment to prepare for a Federal Child & Family Services Review scheduled for August 2008. One of the items reviewed to determine the Well-Being of children is the Physical health of the child in care.

The review investigated how the State ensures that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services. **The Assessment stated that a promising practice to meet these requirements is the "Follow the Child" program in Missoula County. The assessment also went on to mention that during a community stakeholder meeting in Missoula, the program was praised for improving the tracking of foster children's health care and for their role in meeting children's special healthcare needs. It was strongly recommended at the community meeting that this program be implemented statewide.**

The Follow the Child program has virtually eliminated the reasons I mentioned earlier why documentation does not occur. Foster Care Review committees were thrilled to see the 427-FCR form filled to it's capacity, with valid, helpful information. Social Workers have been relieved to have follow-up occur where it is needed, and for the information to be entered timely and accurately by Follow the Child staff. Data for Child & Family Services reviews have improved greatly.

I am also involved with the development of the new SACWIS system for Child & Family Services. I believe that it could be possible for the new SACWIS data system to interface with data from the Health Departments if the Follow the Child program was to go statewide in the next 3-4 years. How great would it be to move in such a positive direction electronically in our attempts to keep our foster care children healthy.

Thanks you for this opportunity to speak with you. I would appreciate your favorable consideration of HB-309.


Jeanne Rasmussen



HB 309

FIVE GOOD REASONS FOR MONTANA TO EXPAND

Public Health Nurse Home Visiting for all Foster Children

Nearly 1500 children are in foster care in the state of Montana. Most of these children do not have a public health nurse case manager and fall thru the cracks for comprehensive, consistent health care. We are requesting funding that would allow \$500.00 per foster child. This bill to support Public Health Nurse Home Visiting of foster children in Montana is moving in the right direction for one of the highest risk groups of children that exist in our state. Missoula City-County Health Department has had a pilot program for the past 5 years.

1. Foster Children frequently have complex health care needs that require knowledge of the health care system.
 - Nationwide more than 60% of children in foster care have chronic medical conditions. **Public Health Nurse home visitors assure health information is current; identify unmet health and developmental needs throughout their foster care placements.**
 - Dental problems affect 1/3 to 1/2 of the children in foster care. **The Public Health Nurse assures access and timely dental care.**
 - Foster children have multiple health care providers and to prevent fragmentation of health care, **foster children are integrated into the targeted case management system of Public Health Nurse home visiting.**
2. Caseworkers and foster parents are generally not prepared to address the multiple physical, emotional, and developmental needs of foster children.
 - 25% of foster children have three or more chronic health problems. **Public Health Nurse home visitors obtain and interpret a complete health history of every child upon entering foster care; identify current health risks; and provide a summary to agencies, and Kinship and Foster Parent.**
 - Many foster children have more than one mental health diagnosis in addition to physical conditions that affect their health.
 - In 2008, 44% of foster children in Missoula County had an Individual Educational Plan (IEP)/or 504 Health Plan. **The Public Health Nurse home visitor helps coordinate these services with schools.**
 - **The Public Health Nurse home visitors' expertise is helpful in placement and maintaining placement especially in children with complex health issues.**

3. Foster children are a mobile/transient population that require increased health coordination to help them maintain a medical home and medical records.

- Missoula County foster children have averaged more than 3 moves each year.
- The 2008 Fostering Connections to Success and Increasing Adoptions Act (H.R.6893) Section 205 (sponsored by Senator Max Baucus) states that maintaining a Medical Home and tracking of health information is required for all foster children.
- **The Public Health Nurse home visitor tracks the child as they move through the foster care system and assures all records are up to date and all appointments are kept no matter how the child placement changes**

4. Foster children are caught up in a bureaucracy that limits sharing of information.

The Public Health Nurse home visitor works in unison with Child and Family Services, foster and kinship parents, group home case managers to produce an effective comprehensive health program for children in foster care.

5. Integrating foster children into existing Public Health systems permits health information to follow the child.

- Public Health Nurse Home Visiting is a long standing evidence based practice in effective intervention strategies with high risk children.
- The **Public Health Nurse does health screening periodically following the American Academy of Pediatrics recommended schedule of care. Children are screened for their level of growth and development, speech and language, past and current health history.** The Public Health Nurse provides age appropriate anticipatory guidance and refers to appropriate resources.
- **The Public Health Nurse ensures a health plan for each child aging out of the foster care system.**

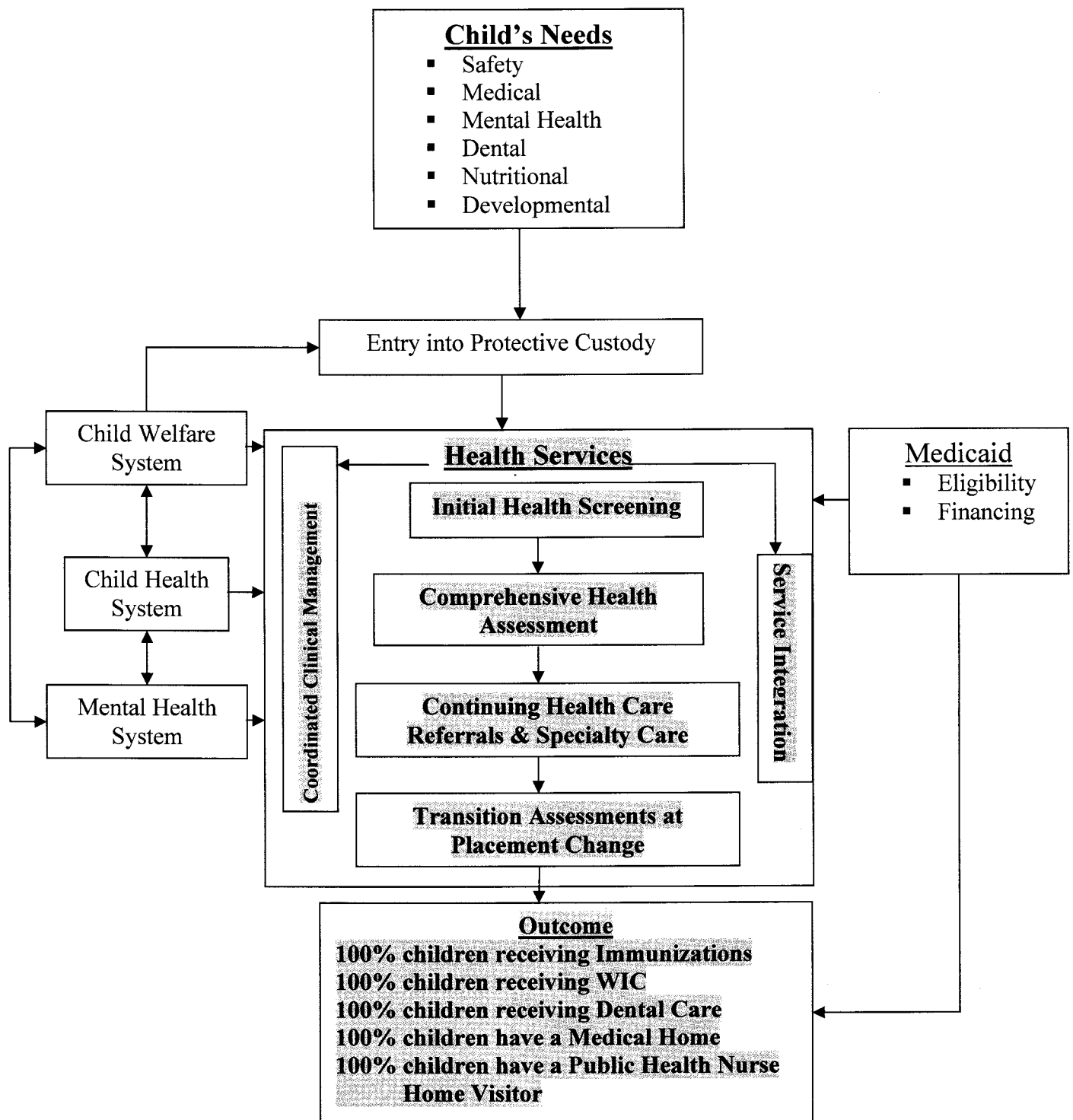
Data – Foster Care Children in Montana – Numbers by County
OCTOBER 2008

County	Number of foster children in county	Total number of children < 18	Percentage of children in-county in Foster care
Beaverhead Co.	7	1888	0.37%
Big Horn*	65	4353	1.5%
Blaine*	21	2028	1%
Broadwater	10	2017	0.5%
Carbon	9	2069	0.4%
Carter	3	226	1.3%
Cascade	123	19925	0.6%
Chouteau		1294	
Custer	33	2575	1.3%
Daniels	3	333	0.9%
Dawson	13	1759	0.7%
Deer Lodge	36	1768	2%
Fallon	6	559	1%
Fergus`	16	2345	0.7%
Flathead	82	19707	0.4%
Gallatin	44	16993	0.3%
Garfield		294	
Glacier (Blackfeet)	56	4331	1.3%
Golden Valley*	1	264	0.4%
Granite		529	
Hill	34	4396	0.8%
Jefferson	12	2498	0.5%
Judith Basin	1	465	0.2%
Lake	68 (42 tribal)	7065	1%
Lewis & Clark	53	13461	0.4%
Liberty		352	
Lincoln	20	4018	0.5%
McCone	1	373	0.3%
Madison		1325	
Meagher	2	413	0.5%
Mineral	16	827	2%
Missoula	97	21396	0.5%
Musselshell	12	921	1.3%
Northern Cheyenne Tribe	18		

Park	1	3361	NA
Petroleum		107	
Phillips	1	913	0.1%
Pondera	11	1532	0.7%
Powder River		361	
Powell	12	1273	0.9%
Prairie	1	177	0.6%
Ravalli	43	9049	1%
Richland	5	2175	0.2%
Roosevelt*	91	3516	2.6%
Rosebud*	10	2815	0.4%
Sanders	16	2194	0.7%
Sheridan	1	606	0.2%
Silverbow	72	7347	1%
Stillwater	9	1910	0.5%
Sweetgrass		823	
Teton	4	1394	0.3%
Toole	1	1055	NA
Treasure	1	140	0.7%
Valley*	9	1545	0.6%
Wheatland	3	532	0.6%
Wibaux		195	
Yellowstone (Crow)	260	33030	0.8%

Based on US Census Bureau 2006 data...

Health Care Delivery Model for Children in Foster Care



FOLLOW THE CHILD PUBLIC HEALTH MODEL

- A. Public Health Nurse (PHN) will access all medical, dental, mental health, school records available for each foster child entered into Follow The Child.
- CFS caseworker will send a referral with consent to access records on their behalf.
 - PHN will document and update a summary of the foster child's medical history and current medical issues. This document is available in electronic form thru the CAPS CFS system.
 - PHN will establish a relationship with medical records person and medical and dental office personnel to describe PHN role in accessing records.
- B. PHN will establish a relationship with the foster parent and group home personnel when accessing foster child.
- Foster child will be screened with the following tools on entry into foster care and as appropriate by age:
 - a.) Ages and Stages Questionnaire (ASQ) at periodic months of age: 4,6,8,12,16,18,21,22,24,27,30,33,36,48,54,and 60 months
 - b.) Ages and Stages Questionnaire: Social and Emotional (ASQ: SE) by periodic months of age: 6, 12, 18, 30, 36, 48, and 60 months.
 - Weight
 - Height
 - Body Mass Index after the age of 2 years
 - Blood Pressure 3 years and older
 - Denver Articulation Screen Exam (DASE) if appropriate at age 3 years and older
- C. PHN will screen all foster children within 30 days of referral and periodically as indicated:
- Birth to One Year: Screen every 2 months
 - One year to Two years: Screen every 4 months
 - Over Two years: Screen every 6 months
 - Medically complex children will be screened and home visited as often as needed.
 - Bright Futures: guidelines for Health Supervision of Infants, Children, and Adolescents, American Academy of Pediatrics, are used with visits to children
- D. PHN will provide referral and follow up to the resources identified. PHN may also develop resources as a result of screening that may not be available in the community. An example is providing a document for children aging out of the foster system their health information.

- E. Case Management of the foster child is provided by the Missoula City-County Health Department home visiting Public Health Nurse / home visiting Registered Dietitian upon a referral from the FTC PHN and other agencies. This allows more intense monitoring of the foster child in the home. FTC PHN continues to be responsible for the periodic screening and collection of health records for interpretation to the CFS Social Worker, foster parent and youth home caseworkers.
- F. PHN will provide health teaching of youth home caseworkers, foster parents, CFS Social Worker and foster child to communicate facts and skills and improve the health outcome of the foster child. PHN participates in foster parent orientation and shares current health focused information, describing CFS health timelines for EPSDT exam, dental exam and the role of Follow The Child project.
- G. PHN provides consultation and collaboration with CFS Social Workers, court system, Foster Child review meetings, and case conferences.
- H. FTC project coordinator and FTC PHN continue to build partnerships within the community and state.
- I. FTC project coordinator facilitates coalition building. FTC coordinator chairs the Ad Hoc Committee which consists of community persons from the health, mental health, and foster care system.